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## **REQUEST FOR WITHDRAWAL AS ATTORNEY OR AGENT**

| Application Number     | 09/993,374        |
|------------------------|-------------------|
| Filing Date            | November 14, 2001 |
| First Named Inventor   | Jensen            |
| Group Art Unit         | 1774              |
| Examiner Name          |                   |
| Attorney Docket Number | ECO3              |

|  | <del></del>                               |              |                 |                   |       |  |  |
|--|---|--------------|-----------------|-------------------|-------|--|--|
| To: Assistant Commissioner for Patents Washington, DC 20231  |   |              |                 |                   |       |  |  |
| I hereby apply to withdrav   | w as attorney or agent for the above in   | dentified r  | patent applicat | tion.             |       |  |  |
| The reasons for this request are:  |   |              |                 |                   |       |  |  |
| Client (Assignee) has failed to pay more than one bill rendered by practitioner for an unreasonable period of time (more than one year).   |   |              |                 |                   |       |  |  |
|  | MA.                                       | Fi 122       | TECHNOLOGY      | M. STON<br>CENTER | 1700  |  |  |
| The correspondence address is NOT affected by this withdrawal.   |   |              |                 |                   |       |  |  |
| 2. X Change the correspondence address and direct all future correspondence to:  |   |              |                 |                   |       |  |  |
|  | CORRESPONDENCE ADD                        | RESS         | . Olas          | 2 :42             |       |  |  |
| Customer Number  | Place Customer Number Bar Code Label here |              |                 |                   |       |  |  |
| OR   |   | <del>_</del> |                 |                   |       |  |  |
| X Firm or Individual Name  | Mr. Keith Christian                       |              |                 |                   |       |  |  |
| Address  | Eco Building Systems, Inc                 |              |                 |                   | ,     |  |  |
| Address  | 596 Sandpiper Way, Buildi                 | ng 910       |                 |                   |       |  |  |
| City   | Chula Vista                               | State        | CA              | ZIP               | 91910 |  |  |
| Country  | USA                                       |              |                 |                   |       |  |  |
| Telephone  | 619 425-0044                              | Fax          |                 |                   |       |  |  |
| This request is made on behalf of myself and all the attorneys/agents of record, the attorneys/agents (with registration numbers) listed on the attached paper(s), or the attorneys/agents associated with Customer Number   |   |              |                 |                   |       |  |  |
| Name Rol   | broy R. Fawcett (Reg.                     | No. 3        | 35,133)         |                   |       |  |  |
| Signature  | R. Lutt                                   |              |                 |                   |       |  |  |
| Date De  | cember 14, 2002                           |              |                 |                   |       |  |  |
| NOTE: Withdrawal is effective when approved rather than when received. Unless there are at least 30 days between approval of withdrawal and the expiration date of a time period for response or possible extension period, the request to withdraw is normally disapproved. |   |              |                 |                   |       |  |  |